

# Wesley United Methodist Preschool Registration Card 2012-2013

## OFFICE USE ONLY

Child's Name \_\_\_\_\_ ( ) M Birthday \_\_\_\_\_  
(Last) (First) ( ) F  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
(Street) (City) (Zip)

**PRIMARY** Contact Phone \_\_\_\_\_ (used on class list)

Father: Name \_\_\_\_\_ Mother: Name \_\_\_\_\_  
**Same as Above** Address \_\_\_\_\_ **Same as Above** Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Phone H \_\_\_\_\_ Phone H \_\_\_\_\_  
W \_\_\_\_\_ W \_\_\_\_\_  
CELL \_\_\_\_\_ CELL \_\_\_\_\_

### OFFICE USE ONLY

\$ \_\_\_\_\_ Reg Fee Pd. \_\_\_\_\_  
\$ \_\_\_\_\_ Activity Fee Pd \_\_\_\_\_  
\$ \_\_\_\_\_ 1st Month Tuit Pd. \_\_\_\_\_

**Identity Verification:** BCertificate ( ) Passport ( )  
Notification of Birth ( )

Document No. \_\_\_\_\_  
Issued By: \_\_\_\_\_ Initials \_\_\_\_\_

### Emergency Contacts: (Please list two local contacts other than parents.)

Name & Relationship \_\_\_\_\_ Primary Phone( ) \_\_\_\_\_  
Name & Relationship \_\_\_\_\_ Primary Phone( ) \_\_\_\_\_

Allergies or other health problems \_\_\_\_\_  
List any medication your child receives on a continual basis \_\_\_\_\_

### AGREEMENTS

Please Initial

\_\_\_\_\_ The parent/guardian gives the Wesley UMC Preschool permission to photograph/video the child during classroom activities.

\_\_\_\_\_ The parent/guardian gives the Wesley UMC Preschool permission to list his/her child's name, address, and telephone number on the class roster.

\_\_\_\_\_ The parent/guardian understands and agrees that the Wesley United Methodist Church, Preschool and teachers will not be held liable in the event of an accident and permission is given for Dr. \_\_\_\_\_ Phone \_\_\_\_\_ or other emergency personnel to be called in case of an emergency.

SIGNATURE:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date